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ABSTRACT

There is a powerful religious commitment among people in America; nearly 92% of the population is affiliated with a specific religion. This report presents findings from a 2-year study of the attitudes and experiences of clergy regarding substance abuse and the training they received in schools of theology or in seminaries. Too often clergy and physicians do not overlap their care, something that could help recovery and ease the pain of substance abuse clients. Prior research from the National Center on Addiction and Substance Abuse has identified a helpful connection between spiritual and religious practices and a lower risk for substance abuse or addiction. A main finding of this study suggests that a better understanding by clergy of the disease of addiction and a better appreciation by helping professionals, especially psychiatrists and psychologists, about the power of God, religion, and spirituality holds enormous potential for the prevention and treatment of substance abuse. (Contains 1 table, 10 figures, and 124 references.) (JDM)

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So Help Me God:

Substance Abuse, Religion and Spirituality

A CASA White Paper

November 2001

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Accompanying Statement by Joseph A. Califano, Jr., Chairman and President

America has a unique and powerful tradition of religious commitment: 95 percent of our people believe in God and 92 percent are affiliated with a specific religion. Our nation is richly endowed with an astonishing array of churches and cathedrals, synagogues, Islamic centers and mosques, Hindu and Buddhist temples.

America is the most medically advanced nation in the world. Cities across our country house the most sophisticated hospital and health care complexes and equipment. Our physician training has given us the finest medical professionals and our pharmaceutical companies have no peer.

Too often clergy and physicians, religion and science, are ships passing in the night. When we separate the worlds of medicine and spirituality, we deny a host of individuals help that may aid their recovery and ease their pain. This is especially true with respect to substance abuse and addiction.

The key finding of this two-year study is this: if ever the sum were greater than the parts it is in combining the power of God, religion and spirituality with the power of science and professional medicine to prevent and treat substance abuse and addiction. A better understanding by the clergy of the disease of alcohol and drug abuse and addiction among members of their congregations and a better appreciation by the medical profession, especially psychiatrists and psychologists, of the power of God, religion and spirituality to help patients with this disease hold enormous potential for prevention and treatment of substance abuse and addiction that can help millions of Americans and their families.

For many individuals working to shake the shackles of addiction and maintain sobriety, sound advice might well be: work at it as

though everything depended on you and pray as though everything depended on God.

The importance of God in American life can be seen far beyond our churches, synagogues and mosques. "In God We Trust" is emblazoned on our currency. Moments of prayer and silent meditation are observed in schools and public meetings. Our leaders and our citizens invoke the help of God; in moments of tragedy and crisis, individuals and clergy transcend the boundaries of their faith to pray together for comfort and resolve.

People with strong religious or spiritual beliefs are healthier, heal faster and live longer than those without them. Studies have begun to document the role of prayer in healing. This unprecedented report concludes that religion and spirituality can play a powerful role in the prevention and treatment of substance abuse and in the maintenance of sobriety.

On the prevention front, for both teenagers and adults, attendance at church services once a week or more is associated with significantly reduced risks of drinking, binge drinking, smoking and using marijuana or other illicit drugs. Compared to teens who attend religious services weekly or more, teens who never attend religious services are twice as likely to drink, more than twice as likely to smoke, more than three times likelier to use marijuana or binge drink and almost four times likelier to use illicit drugs. Adults who never attend religious services are almost twice as likely to drink, three times likelier to smoke, five times likelier to use illicit drugs other than marijuana, seven times likelier to binge drink and almost eight times likelier to use marijuana than adults who attend religious services weekly or more. College students with no religious affiliation are more likely to drink and binge drink than those who identify themselves as Catholics or Protestants.

The beneficial effects of a religious or spiritual connection are not limited to those who attend church frequently. Adults and teens to whom religion is important are far less likely to use addictive substances. Religion and spirituality can be important, sometimes determinative companions to the treatment and recovery process. Many recovering alcoholics and addicts attribute their recovery to their religious or spiritual beliefs and the support of a community of believers. Treatment programs that incorporate 12-Step, spiritually-based components (Alcoholics Anonymous or Narcotics Anonymous) can show better treatment outcomes than those lacking a spiritual base.

In view of the significance of religion to prevention and treatment of substance abuse, the most troubling findings of this report are the discoveries of two profound disconnects: one, the extent to which clergy see substance abuse as a problem among the congregations and families they serve members and lack the knowledge and training of how to deal with the problem; the other, between the importance of God, religion and spirituality to effective treatment and maintenance of sobriety and the failure of the medical profession to tap this in ministering to substance abusers and addicts.

As part of our research, CASA conducted an unprecedented survey of attitudes and experiences of clergy regarding substance abuse and the training in this field that schools of theology and seminaries provide. Of the clergy that CASA surveyed, 94.4 percent consider substance abuse and addiction to be important issues that they confront. Yet, at best only 12.5 percent of priests, ministers and rabbis completed coursework related to substance abuse during their theological studies and only 36.5 percent preach a sermon addressing the issue more than once a year. This is particularly disturbing since alcohol and drug abuse and addiction are so implicated in child and spousal abuse, violent crime, rape, teen pregnancy and sexually transmitted diseases, family breakup and divorce, school dropout and failure, debilitating accidents and job loss--all problems that clergy confront every day among their congregations.

Equally troubling is the lack of recognition among health care providers--especially psychiatrists, psychologists and other mental health professionals--of the importance to

patients of God, religion and spirituality to their treatment. Seventy-nine percent of Americans believe that spiritual faith can help people recover from disease and 63 percent think that physicians should talk to patients about spiritual faith. Ninety-nine percent of physicians in one study were convinced that religious beliefs can heal and 75 percent believe that prayer of others can promote a patient's recovery. However, only 40 to 45 percent of mental health practitioners report a belief in God and only 37 percent of psychiatrists responded affirmatively to the question: "If it were scientifically demonstrated that the use of a spiritual intervention (e.g. prayer) improved patient progress, would you perform that intervention?" Medical students have been found to be less religious and spiritual than their patients and less inclined to believe that God, religion and spirituality are important factors in patient care.

The findings from this report call for action on three fronts:

Clergy are a critical yet untapped resource in preventing and treating substance abuse and addiction. Priests, ministers, rabbis, imams and other religious leaders should become more engaged in addressing this problem, formally preaching about substance abuse issues and incorporating prevention and recovery messages into their ministry. Many people--especially Catholics and some Protestants--turn to their parish priest or minister for help in dealing with substance abuse problems. Schools of theology and seminaries--Protestant, Catholic, Rabbinical and others--should educate their students to recognize the signs of substance abuse and how to deal with them. Clergy should become familiar with treatment services available in their communities.

Physicians and treatment providers should be better trained and informed of the importance of spirituality and religion to prevention and treatment of substance abuse and addiction, and of the spiritual and religious resources available in their local communities. In order to better meet the needs of their patients, physicians and substance abuse treatment specialists should discuss patients' spiritual needs and desires and refer clients to appropriate clergy or spiritually-based programs to support their health and recovery.

Finally, we need more research to better understand and enhance the complementary roles that religion and professional substance abuse treatment can play in prevention, treatment and recovery.

We thank The Bodman Foundation and the John Templeton Foundation for the financial support that made this report possible. Joseph S. Dolan, Executive Director of The Bodman Foundation, encouraged us to explore the link between religion and substance abuse prevention and treatment. The contribution of the Templeton Foundation enabled us to expand our analysis. These combined contributions made it possible for CASA to conduct the first surveys of clergy and schools of theology and seminaries on the subject of substance abuse and addiction.

Many individuals worked hard to produce this White Paper. Susan E. Foster, M.S.W., CASA's Vice President and Director of Policy Research and Analysis, directed the effort. Peggy Macchetto, J.D. was the project manager. Emma Berndt was the research assistant. David Man, Ph.D., CASA's librarian, Ivy Truong, library research associate, and Barbara Kurzweil, library research specialist, were a big help. Margaret Usdansky, Susan Brody and John Muffler, Ph.D. contributed to the research effort. Jane Carlson, as usual, handled the administrative responsibilities. The thoughtful comments of Francis X. Clooney, S.J. of the Theology Department at Boston College and John Cecero, S.J. of Fordham University were especially helpful.

David Larson, M.D., President of the International Center for the Integration of Health and Spirituality (formerly the National Institute for Health Care Research) and an Adjunct Professor in the Departments of Psychology and the Behavioral Sciences at Duke University Medical Center and Northwestern University Medical School served as a special consultant and made an invaluable contribution to this work.

While many individuals and institutions contributed to this effort, the findings and opinions expressed herein are the sole responsibility of CASA.

Chapter I
Introduction and Executive Summary

Ninety-five percent of Americans profess a belief in God. For many individuals, religion and spirituality are important components of prevention and treatment of substance abuse and of successful recovery. One has only to listen to the voices of recovery to hear how eloquently they speak about the role of religion or spirituality in their own healing process.

CASA's research has identified an important connection between spiritual and religious practices and lower risk of substance abuse:

- CASA's annual teen surveys have consistently demonstrated that adolescents who attend religious services are less likely to report substance use.[1]

- CASA's study, *Under the Rug: Substance Abuse and the Mature Woman* revealed that 91 percent of woman over the age of 59 who did not identify themselves as religious consumed alcohol compared with 64 percent who identified themselves as Catholic and 52 percent who identified themselves as Protestant. Similarly, mature women who say they are not religious are more likely to be current smokers (45 percent) than those who are Catholic (25 percent) or Protestant (21 percent).[2]

- Roughly one-third of prison inmates participates in religious activities and those who do so have been found to exhibit lower rates of recidivism.[3]

- CASA's *CASASTART* (Striving to Achieve Rewarding Tomorrows) parent program found that participating children had less past month drug use, delinquency and other problems, and that the most frequently attended activities were those sponsored by religious organizations.[4]

These findings and experience have led CASA to explore in this White Paper the link the between God, religion and spirituality and substance abuse prevention, treatment and recovery, and how to better exploit any such link. By examining recent findings in practice and research with respect to the role of religion and spirituality in dealing with substance abuse and by listening to the voices of recovery, CASA aims to draw attention to a powerful source of hope for many affected by this disease.

As part of this two-year study, CASA conducted two unprecedented surveys: one, asking presidents of schools of theology and seminaries about their perceptions of the extent of substance abuse problems and the formal training and coursework offered in this subject; the other, asking clergy in the field their perspective of these problems among their congregations and what training they had received in this area.

CASA conducted its own special analyses of three national data sets: *1998 National Household Survey on Drug Abuse;* CASA's Back to School Surveys--*Back to School 1999--National Survey of American Attitudes on Substance Abuse V: Teens and Their Parents* and *National Survey of American Attitudes on Substance Abuse VI: Teens*; and the General Social Survey. CASA undertook an extensive review of more than 300 publications that examine the link between spirituality, religiousness and substance abuse and addiction. Finally, CASA looked at a wide range of programs that incorporate spiritual or religious components in their prevention or treatment programs.

Most data and research on the link between substance abuse and religion and spirituality are limited to the Protestant and Catholic religions and to a lesser extent the Jewish faith. Unfortunately, we were unable to find any significant information in Islam, Buddhism or Hinduism.

Key Findings

- God, religion and spirituality are key factors for many in prevention and treatment of substance abuse and in continuing recovery.

- Adults who do not consider religious beliefs important are more than one and one-half times likelier to use alcohol and cigarettes, more than three times likelier to binge drink, almost four times likelier to use an illicit drug other than marijuana and more than six times likelier to use marijuana than adults who strongly believe that religion is important.

- Adults who never attend religious services are almost twice as likely to drink, three times likelier to smoke, more than five times likelier to have used an illicit drug other than marijuana, almost seven times likelier to binge drink and almost eight times likelier to use marijuana than those who attend religious services at least weekly.

- Teens who do not consider religious beliefs important are almost three times likelier to drink, binge drink and smoke, almost four times likelier to use marijuana and seven times likelier to use illicit drugs than teens who strongly believe that religion is important.

- Teens who never attend religious services are twice as likely to drink, more than twice as likely to smoke, more than three times likelier to use marijuana and binge drink and almost four times likelier to use illicit drugs than teens who attend religious services at least weekly.

- Children who strongly believe that religion is important report learning more about the risks of drugs. When discussing drugs with their parents, 63.5 percent of teens who strongly believe religion is important feel they learned a lot about the risks of drugs; only 41 percent who believe religion is not important feel they learned a lot.

- College students with no religious affiliation report higher levels of drinking and binge drinking than those of either Catholic or Protestant religious affiliation.

- Ninety-four percent of clergy members--priests, ministers and rabbis--recognize substance abuse as an important issue among family members in their congregations and almost 38 percent believe that alcohol abuse is involved in half or more of the family problems they confront.

- Only 12.5 percent of clergy completed any coursework related to substance abuse while studying to be a member of the clergy and only 28.8 percent of presidents of schools of theology and seminaries report that individuals preparing for the ministry are required to take courses on this subject.

- Only 36.5 percent of clergy report that they preach a sermon on substance abuse more than once a year; 22.4 percent say they never preach on the subject.

- Seventy-nine percent of Americans believe that spiritual faith can help people recover from disease and 63 percent think that physicians should talk to patients about spiritual faith. One study found that 99 percent of family physicians are convinced that religious beliefs can heal and 75 percent believe that prayers of others can promote a patient's recovery. However, 74 percent of psychiatrists disapprove of praying with a patient; only 37 percent say they would pray with a patient even if provided with scientific evidence that doing so would improve patient progress. Only 57 percent would recommend that a patient consult with a member of the clergy.

- Individuals who attend spiritually-based support programs, such as 12-Step programs of Alcoholics Anonymous and Narcotics Anonymous, in addition to receiving treatment are more likely to maintain sobriety. Individuals in successful recovery often show greater levels of faith and spirituality than individuals who relapse.

Despite these facts, spirituality and religion are often overlooked as relevant factors in preventing and treating substance abuse and addiction.

Next Steps

Each religious and spiritual tradition has it own unique beliefs, commitments and rituals to bring to bear to minimize substance abuse and to aid recovery. To take advantage of the potentially positive benefits of religion and spirituality to prevent substance abuse and help individuals, CASA recommends a series of steps to combine the resources of religion and spirituality with those of science and medicine in order to enhance the prevention and treatment of substance abuse and to strengthen and maintain recovery:

For the Clergy

- Protestant, Catholic, Rabbinical and other schools of theology and seminaries should train clergy to recognize the signs and symptoms of substance abuse and know how to respond, including referral to treatment and strategies for relapse prevention. These schools should provide basic educational and clinical knowledge of the short and long term effects of tobacco, alcohol and other drugs and educate their students about ways to incorporate prevention messages both formally and informally into their work. They should educate their students about the co-occurrence of mental health and other problems (such as domestic violence and child abuse) and substance abuse. These schools should include courses related to substance abuse in degree requirements and provide in-service training for current clergy.

- Clergy members who have completed their formal training should take advantage of additional substance abuse training in order to be knowledgeable about the topic.

Resources include: local public substance abuse treatment agencies, private licensed substance abuse professionals, substance abuse professional organizations such as the National Association of State Alcohol and Drug Agency Directors (NASADAD), federal resources such as the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration and its Centers for Substance Abuse Prevention and Substance Abuse Treatment.

- Members of the clergy should preach about substance abuse issues and informally include messages about the problem throughout their organization's programs, services and counseling. Even religions with assigned readings and themes for sermons can incorporate messages about substance abuse as examples and prayers for those addicted in their services. Recognizing that substance abuse affects individuals and families in all congregations, clergy can inform their members with prevention messages, and help connect members of their community to needed intervention and treatment resources and, as many presently do, open their facilities to AA and NA meetings.

- Members of the clergy should reach out to treatment programs to offer spiritual support to individuals who desire such assistance. Clergy can help educate treatment providers of the promising effects of spirituality and religion in recovery. Clergy should learn about treatment programs in their communities. By building this relationship, clergy will know who to refer members to for treatment and know how to support referrals from treatment providers of clients seeking to deepen their spiritual life.

Participants in recovery may have great needs for spiritual guidance. Individuals struggling to recover may feel abandoned by God or alienated from God or the religious community. Clergy can help recovering individuals navigate these issues and benefit from a connection to a loving God and religious community.

For Physicians and Treatment Providers

For many individuals, spirituality and religiousness can be important companions to recovery and maintaining sobriety.

- Physician and other health professions training programs should educate physicians and treatment specialists to understand that many patients desire spiritual help as complements to medical treatment, and the research documenting the benefits of spirituality and religiousness to physical and mental health.

- Physicians and substance abuse treatment specialists should discuss patients' spiritual needs and desires and, where appropriate, refer clients to clergy or spiritually-based programs to support their recovery.

- Substance abuse treatment providers (physicians and other health clinicians) should establish working relationships with local clergy members not only to educate clergy members about substance abuse but also to better respond to patients needs and desires for a spiritual complement to their recovery regimen.

Expand Our Current Knowledge Base

- More research is needed to evaluate the efficacy and increase the effectiveness of faith-based prevention initiatives and treatment programs, develop better ways of measuring adolescent spirituality and religiousness and document pathways through which religion and spirituality work to prevent substance abuse and aid in recovery.

Chapter II
What's the Connection?

Ninety-five percent Americans believe in God or a universal spirit. Adults and teens who believe that religion is important and who attend religious services frequently are less likely to use tobacco, alcohol and illicit drugs. Teens who never attend religious services are twice as likely to drink, more than twice as likely to smoke, more than three times likelier to use marijuana and binge drink and almost four times likelier to use illicit drugs than teens who attend religious services weekly or more. Adults who never attend religious are almost twice as likely to drink, three times likelier to smoke, more than five times likelier to use illicit drugs other than marijuana, almost seven times likelier to binge drink, and almost eight times likelier to use marijuana than adults who attend religious services weekly or more. Many recovering alcoholics and addicts report that their recovery is directly related to their religious beliefs and the social support of a community of believers. Increases in spirituality often go hand-in-hand with recovery.

Religion and Spirituality: Defining Our Terms

Religion is characterized by a set of particular beliefs about God or a higher power shared by a group of individuals, and the practices, rituals and forms of governance that define how those beliefs are expressed.[1] Spirituality, on the other hand, is a deeply personal and individualized response to God, a higher power or an animating force in the world.[2] One does not have to engage in religious rituals, belong to a church or even believe in God to be spiritual.[3]

To determine the extent to which people are religious or spiritual, researchers use a variety of proxies: religious affiliation, the importance individuals attach to their religion, attendance at religious services.[4] Identifying proxies for spirituality is more difficult because of its highly individual and personal nature. Such proxies include the extent of prayer or meditation, importance individuals attach to their spiritual life and personal statements linked to purpose in life and hope for the future.[5]

A Nation of Believers

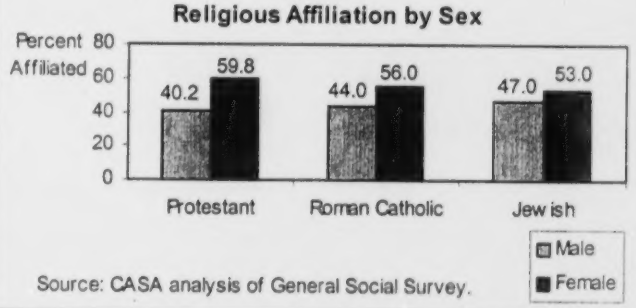
Ninety-five percent of American men and women age 18 and over believe in God or a universal spirit.[6] According to the U.S. Census Bureau, 92 percent of the adult population* is affiliated with some form of religion: 55 percent Protestant, 28 percent Catholic, two percent Jewish, six percent other.†[7] More recent estimates from other sources suggest that two percent of the population is affiliated with the Muslim religion.‡[8] Nine out of 10 adults pray regularly and 43 percent attend church weekly or more.[9]

Women are more likely to report religious affiliation than men.[10] Of Protestants, 59.8 percent are female and 40.2 percent are male. Fifty-six percent of Roman Catholics are female compared to 44.0 percent who are male. Of the Jewish faith, 53.0 percent are female and 47.0 percent are male. (Figure 2.A) Data on other religions show more males than females among Buddhists and Muslims, but national data on such groups are small and may not be reliable.

Among those who claim no religious affiliation, 57.0 percent are male and 43.0 percent are female.[11] On indices measuring spirituality, women have higher spiritual scores than men.[12] The fact that women live longer than men may be related in part to the fact that women report greater religious and spiritual affiliation.

Figure 2.A

Religious Affiliation by Sex



Source: CASA analysis of General Social Survey.

Religiousness and religious affiliation vary by race. Those who identify themselves as white are 57.0 percent Protestant, 25.9 percent Catholic, 2.5 percent Jewish and 3.3 percent other religions. Those who identify themselves as black are 79.3 percent Protestant, 8.1 percent Catholic, 0.2 percent Jewish and 4.2 percent other religions. Eleven percent (11.2) of those who identify themselves as white claim no religious affiliation compared to 8.2 percent who identify themselves as black. (Figure 2.1)

Table 2.1

Religious Affiliation by Race

	Percent				
	Protestant	Catholic	Jewish	Other	None
White	57.0	25.9	2.5	3.3	11.2
Black	79.3	8.1	0.2	4.2	8.2

Note: Numbers may not add due to rounding.
Source: CASA analysis of General Social Survey.

* Age 18 and over.

† These numbers do not add perfectly to 92 percent because of rounding.

‡ During the past decade the Muslim community has grown substantially. The U.S. State Department and the American Muslim Council both estimate that the current population of Muslims in the United States is approximately six million or two percent of the population.

Adult Church Goers Use Substances Less

CASA's special analysis of National Household Survey data reveals that those age 18 and over who attend religious services are less likely to use tobacco, alcohol, marijuana and other illicit drugs than those who do not attend religious services.[13] (Appendix A) Other research supports these findings.[14]

Alcohol

Among adults, 116 million (55.5 percent) report using alcohol in the past 30 days.[15] Adults who never attend religious services are almost twice as likely to drink as those who attend religious services weekly or more often. Of those who attend religious services weekly or more often, 33.3 percent drank in the past 30 days compared to 50.2 percent who attend religious services every other week and 64.7 percent who never attend religious services.

Among adults, 33 million (15.9 percent) report binge drinking (consuming five drinks or more on one occasion) in the past 30 days.[16] Adults who never attend religious services are almost seven times likelier to binge drink than are those who attend religious services weekly or more often. Of those who attend religious services weekly or more often, 3.5 percent binge drink compared to 9.7 percent who attend religious services every other week and 24.4 percent who never attend religious services. (Figure 2.B)

Tobacco

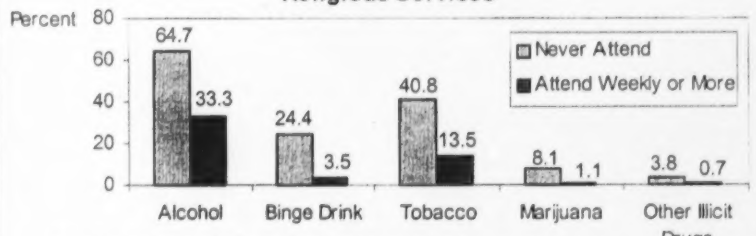
Sixty million adults (28.7 percent) smoke cigarettes.* [17] Those adults who never attend religious services are three times likelier to smoke than those who attend religious services weekly or more often. Of those who attend religious services weekly or more often, 13.5 percent smoke compared to 17.3 percent who attend religious services every other week and 40.8 percent who never attend religious services. (Figure 2.B)

Illicit Drugs

Almost 14 million adult Americans (6.9 percent) use illicit drugs.† [18] Adults who never attend religious services are almost eight times likelier to have used marijuana in the past 30 days and more than five times likelier to have used another illicit drug than those who attend religious services weekly or more often. Of those who attend religious services weekly or more often, 1.1 percent are current marijuana users compared to 1.6 percent who attend religious services every other week and 8.1 percent who never attend religious services. Of those who attend religious services weekly or more often, 0.7 percent use illicit drugs other than marijuana compared to 1.1 percent who attend religious services every other week and 3.8 percent who never attend religious services. (Figure 2.B)

Figure 2.B

Adult Substance Use by Attendance at Religious Services



Source: CASA analysis of National Household Survey.

* Smoking cigarettes in the past 30 days.

† Use in the last 30 days.

When Religion is Important, Adult Substance Use is Lower

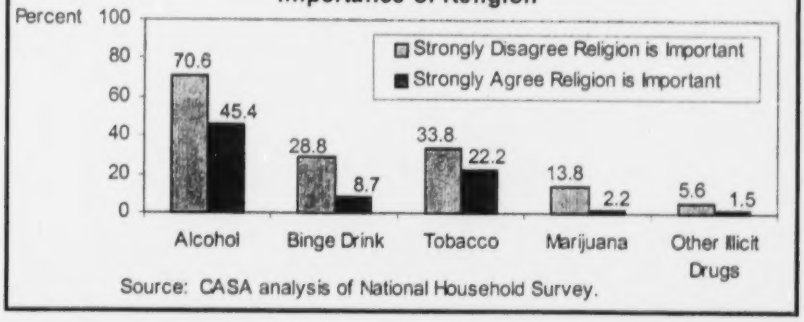
Among adults, 45.7 percent strongly agree that their religious beliefs are important; 40.8 percent agree that their religious beliefs are important, 10.3 disagree that their religious beliefs are important and 3.1 strongly disagree that their religious beliefs are important.

Alcohol

Adults who do not believe that religious beliefs are important are more than one and one-half times likelier to use alcohol and more than three times likelier to binge drink than adults who strongly agree that their religious beliefs are important. Over 45 percent (45.4) of those who strongly agree that their religious beliefs are important used alcohol in the past month compared with 70.6 percent of those who strongly disagree that religious beliefs are important. Of those who strongly agree that their religious beliefs are important, 8.7 percent report binge drinking in the last month compared to 28.8 percent of those who strongly disagree that religious beliefs are important. (Figure 2.C)

Figure 2.C

Adult Substance Use by Belief in Importance of Religion



Source: CASA analysis of National Household Survey.

Tobacco

Adults who do not believe that religion is important are more than one and one-half times likelier to smoke cigarettes than adults who strongly believe that religion is important. Of those who strongly agree that their religious beliefs are important, 22.2 percent have smoked in the past month. Of those who strongly disagree that religious beliefs are important, 33.8 percent have smoked in the past month. (Figure 2.C)

Illicit Drugs

Adults to whom religion is not important are more than six times likelier to use marijuana and almost four times likelier to use other illicit drugs than those who strongly believe that religion is important. Of those who strongly agree that religious beliefs are important 2.2 percent have used marijuana in the past month compared to 13.8 percent who strongly disagree that their religious beliefs are important. Of those who strongly agree that religious beliefs are important, 1.5 percent used other illicit drugs than marijuana in the last month compared to 5.6 percent who strongly disagree that their religious beliefs are important. (Figure 2.C)

The Protective Influence of Religion for Youth

In CASA's *Back to School 1999--National Survey of American Attitudes on Substance Abuse V: Teens and Their Parents*, 9.9 percent of teens for whom religion is important had smoked marijuana sometime in their life vs. 21.5 percent of the teens who responded that religion was only a little important in their life. A study in Miami Dade County, students who reported that religion was important to them were less likely to use cocaine and marijuana.[19] They also were less likely to use cigarettes, but this difference was not statistically significant.[20]

A survey of eligible students attending drop out prevention high schools found that those who attended church at least once monthly were significantly less likely to use marijuana or cocaine.[21] While some research was believed to support the idea that religiousness is relevant only to behaviors about which there are ambiguous societal norms (alcohol and cigarette use) and yet clear religious proscriptions, other research finds that high religiousness is correlated with lower illicit drug use among adolescents.[22] In a more recent study in Utah with a high Mormon concentration, students who were religious tended not to use drugs (alcohol, marijuana, amphetamines and depressants), although this relationship was not as strong for alcohol.[23]

An older study in urban Atlanta and one in and around Los Angeles in the mid-1980s concluded that adolescents who were religious were less likely to use alcohol and drugs, and were less tolerant of their use.[24]

In another study, personal devotion (a personal relationship with the divine) among adolescents and affiliation with more fundamentalist religious denominations were linked to lower rates of substance use and abuse across a range of drugs (alcohol, marijuana, cocaine and others), and a personal commitment to teaching and living according to a religious creed was linked to less use of alcohol.[25]

Teen Religious Attendance and Beliefs Equal Lower Use

CASA's analysis of the National Household Survey data reveals that attendance at religious services and belief that religion is important are linked to lower rates of substance use among youth.[26] (Appendix B) Among teens, 35.2 percent strongly agree that their religious beliefs are important; 47.5 percent agree; 13.5 percent disagree; and 3.8 percent strongly disagree that their religious beliefs are important.

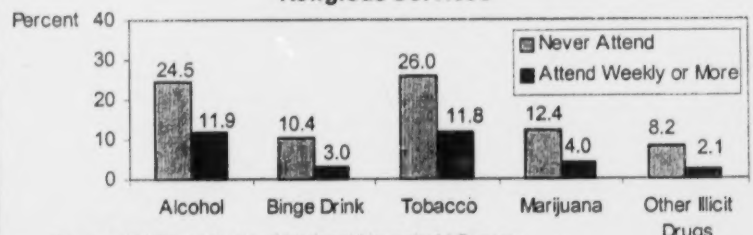
Teens who never attend religious services are twice as likely to drink, more than twice as likely to smoke, more than three times likelier to use marijuana and to binge drink, and almost four times likelier to use illicit drugs than teens who attend religious services weekly or more. Teens who do not believe that religious beliefs are important are almost three times likelier to drink, binge drink and smoke, almost four times likelier to use marijuana and seven times likelier to use illicit drugs than teens who strongly believe that religious beliefs are important.

Alcohol. Close to one in five (19.1 percent) teens (aged 12 to 17) have used alcohol in the past 30 days. Of teens who attend religious services at least weekly, 11.9 percent have used alcohol in the past 30 days compared to 15.2 percent who attend religious services every other week and 24.5 percent who never attend religious services.

Among teens, 7.5 percent report binge drinking in the past 30 days. Of those who attend religious services at least weekly, 3.0 percent binge drink compared to 5.6 percent who attend religious services every other week and 10.4 percent who never attend religious services. (Figure 2.D)

Figure 2.D

Teen Substance Use by Attendance at Religious Services



Source: CASA analysis of National Household Survey.

Of teens who strongly agree that their religious beliefs are important, 12.2 percent have used alcohol in the past month compared to 33.8 percent of those who

strongly disagree that their religious beliefs are important. Less than five percent (4.6 percent) of those who strongly agree that their religious beliefs are important report binge drinking in the last month compared to 13.3 percent of those who strongly disagree that their religious beliefs are important. (Figure 2.E)

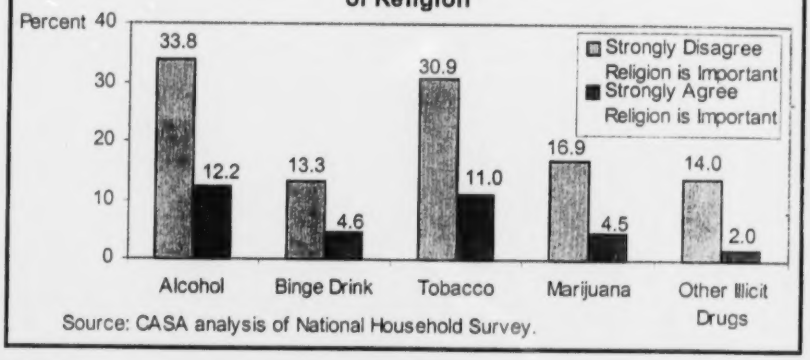
Tobacco. Approximately 18.3 percent of teens smoke.* Of those who attend religious services weekly or more often, 11.8 percent smoke compared to 13.1 percent who attend services every other week and 26.0 percent who never attend religious services. Of those who strongly agree that their religious beliefs are important, 11.0 percent have smoked in the past month compared with 30.9 percent who strongly disagree that their religious beliefs are important. (Figures 2.D and 2.E)

Illicit Drugs. Eight percent (8.3) of teens have smoked marijuana in the past 30 days and four percent have used some other illicit drug. Of teens who attend religious services at least weekly, four percent have smoked marijuana in the past 30 days compared to five percent who attend services every other week and 12.4 percent who never attend religious services. Two percent (2.1) of teens who attend religious services weekly or more have used illicit drugs other than marijuana in the past 30 days compared to 1.7 who attend every other week and 8.2 who never attend religious services. (Figure 2.D)

Of teens who strongly agree that their religious beliefs are important, 4.5 percent have used marijuana in the past month compared to 16.9 percent who strongly disagree that their religious beliefs are important. Two percent of those who strongly agree that their religious beliefs are important have used other illicit drugs than marijuana in the last month compared to 14.0 percent who strongly disagree that their religious beliefs are important. (Figure 2.E)

Figure 2.E

Teen Substance Use by Belief in Importance of Religion



Source: CASA analysis of National Household Survey.

Religious Teens Learn More About Drug Risk from Parents

Children for whom religion is important report learning more about the risks of drugs. When discussing drugs with their parents, 63.5 percent of teens who strongly believe religion is important feel they learned a lot about the risks of drugs; only 41 percent who believe religion is not important feel they learned a lot.[27]

Religious Engagement Lowers Risk for College Drinking

Religiousness is an important predictor of substance use among college students.[28] In a large national sample of the drinking patterns and problems of college students, heavy drinkers were more likely to be men, whites and Roman Catholics to whom religion is not important.† [29]

College students who describe themselves as religious are more likely to exercise more control over their drinking.[30] College

* Smoked a cigarette in the past 30 days.

† They are also more likely to be individuals with low grade point averages, fraternity members and attending colleges in the northeast of under 10,000 students.

students with no religious affiliation report drinking greater amounts more frequently, getting drunk more often, more celebratory reasons for drinking and perceptions of more college drinking than those of either Catholic or Protestant religious affiliation. However, alcohol addiction was not found to be significantly different across these groups.[31]

Although college students who are members of religions that prohibit use of substance use them less, they do not ascribe their religion as the only motivation for less use. In a targeted sample of Seventh Day Adventists in college, 87 percent listed harm as the most important reason for abstaining from alcohol, followed by being in control (84 percent) and basic religious commitment (73 percent). Cost, friends, fear of parents and legality were last.[32]

Although less data exist on the relationship of belief in God or spirituality to college students' illegal drug use, college students who respond that religion is not very important exhibit higher rates of marijuana use.[33]

Religion, Spirituality and Health

Beyond the link between belief in God, religious affiliation, spirituality and substance abuse, medical and social scientists have amassed a sizeable body of research demonstrating the beneficial effects of religion on a wide range of mental health measures, including depression, anxiety, coping with stress and personal well-being. Studies also have identified beneficial effects of religion and spiritual commitment on physical health, including life expectancy. Persons who regularly participate in religious activities appear to live longer compared with those who report less religious involvement. An analysis of 42 studies involving 126,000 people found that active religious involvement increased the chance to live longer by 29 percent.[34] Studies have demonstrated that religiously involved individuals are less likely to have high blood pressure or be depressed. Such individuals may have a faster recovery rate should depression occur.[35] Elderly women and men who regularly attend church services and activities have healthier immune systems than those who stay at home, while those affiliated with religious communities are associated with lower use of hospital services.[36]

Meditation, common in both religious and spiritual traditions, has been correlated with a variety of positive health outcomes including lowering blood pressure,[37] reducing chronic pain,[38] even a reduction in blood cholesterol levels.[39] Among patients with cancer, religious beliefs are associated with reduced levels of pain and anxiety.[40] Cancer survivors who engage in spiritual practices tend to exhibit more positive health habits and provide more social and emotional support to other survivors.[41]

The benefit of religion seems to be linked to a nurturing and supportive religiousness rather than one that is "restrictive, negativistic and ritualistic."[42]

Chapter III
How Do Religion and Spirituality Influence Substance Use?

An individual may be less likely to use substances because the religious or spiritual community of which they are a part expresses direct prohibitions and limitations against use or abuse. Alternatively, participation in a community sharing the same faith or spiritual practice may provide a sense of acceptance and belonging, minimizing the need to turn to addictive substances and providing support in resisting them. Or, individuals may be less likely to use substances because their personal connection with a higher power fills a need that makes substance use unnecessary or provides hope for the future and strength to resist the opportunity to use substances.

Proscriptions from Religious Groups

Denominations of Judaism and Christianity prohibit or restrict substance use in some way, as do other religions such as Islam and Eastern religions. These religions and denominations vary in the scope and strictness of their prohibitions.

Judaism, one of the earlier historical traditions, is based on the belief in one transcendent God who revealed Himself through Abraham, Moses and later prophets. Teachings of Judaism are based on the written texts of the Torah, the Talmud and Old Testament. Judaism expects moderation of alcohol and no use of substances except tobacco.[1]

> *Do not join those who drink too much wine or gorge themselves on meat.*
>
> --Proverbs 23:20

Similarly based on the notion of one God, Christianity is a religion that grew out of Judaism and is based on the teachings of Jesus

Christ as recorded in the New Testament of the Bible. Early Christians (later Roman Catholic and Orthodox churches) inherited the Jewish position on substance use, only urging believers to exercise control without requiring abstinence and retaining the traditions of wine within rituals.

Although there is no blanket condemnation or connotation of sin for the use of alcohol in the Jewish or Christian scriptures, there is a clear and definitive admonition against drunkenness--using alcohol in a way that is harmful and causes impairment.[2] For example, in the Old Testament (Genesis 20:29-36), the story of Lot after the fall of Sodom and Gomorrah associates drunkenness with incest. Later in the New Testament, the Apostle Paul in his letter to the Romans (Romans 13:13) advises: "Let us conduct ourselves becomingly as in the day, not in reveling and drunkenness," and Paul's first letter to the Corinthians (I Corinthians 5:11) says: "But rather I wrote to you not to associate with any one who bears the name of brother if he is of immorality or greed, is an idolater reviler, drunkard or robber." These Old and New Testament teachings stress that the individual cannot abuse alcohol and live a God-centered spiritual life. Within certain religious traditions, violations of the interpretations of these passages opposing drunkenness may be defiant of God or interpreted as a misuse of freewill and thus sinful.[3]

In 1999, the Vatican issued a paper stating that Catholics who forego smoking or drinking alcohol are "doing a partial penance that will help purify them and prepare them for the afterlife."[4]

> *Deacons, likewise, are to be men worthy of respect, sincere, not indulging in much wine, and not pursuing dishonest gain.*
>
> --Timothy 3:8

In response to the political activities of Europe in the 16th and 17th centuries, Christian Protestant religions were formed breaking away from the central authority of the Pope and focusing on Scripture alone. Protestants were the largest influence on the temperance movement. In the 1800s, Methodists, Presbyterians, Society of Friends and Baptists officially adopted policies calling for their members to refrain from use of alcohol.[5] In the 19th century, newly developing American religions like the Church of Latter Day Saints and Seventh Day Adventists adopted these measures and joined the political and social temperance movement; some have moved beyond proscriptions against alcohol and other drugs, abhorring chemical and pharmaceutical interventions.[6] As medicines developed, most Christian denominations permit use of pharmaceuticals for therapeutic purposes[7] but discourage abuse.

Similar to Judaism and Christianity, Islam is based on a belief in one God (Allah) and the teachings as revealed to Allah's prophet, Mohammed. The teachings of Islam are concentrated in the Koran and the Sharia. Islam has the most stringent proscription: use of alcohol and other intoxicating substances is forbidden.[8] Islam has always been critical of Christianity's tolerance of alcohol. "It has been argued that The Prophet viewed alcohol as the primary cause of hatred, violence and other evils that kept pre-Islamic society weak, divided and cursed...."[9] The interpretation of this prohibition varies among Islamic countries.

Among Eastern religions, Hinduism and Buddhism speak to the topic of substance use and abuse. Hinduism is both a civilization and a religion. The term, Hinduism, encompasses the Indian civilization of approximately the past 2,000 years, which grew out of Vedism, the religion of the Indo-European peoples who settled in India in the last centuries of the second millenium B.C. Hinduism has no formal date of beginning or founder, nor does it have a central authority, hierarchy or organization. As a religion, Hinduism has an array of doctrines and ways of life.[10] Traditional Hindu texts contain warnings about the dangers of drunkenness. For example, The Laws of Manu state that "[among those to be avoided are]...a drunkard...."[11] The South Indian moral classic, The Tirukkural, warns that "A wine lover strikes no fear in his

foes/And his glory wanes. Drink no wine, or let them drink it/Who care not what wise men think."[12]

Both a religion and philosophy, Buddhism originated in northeastern India between the late sixth century and the early fourth century B.C. and developed from the teachings of the Buddha Gautama (or Gotama)--the original teacher and revealer of Buddhist truth.[13] Warnings against substance use and abuse can be found in Buddhist texts. The Vyaggahapajja contains a section on the "Duties of Lay Followers" that includes among "Six things leading to loss of wealth which are to be avoided: addiction to drinking liquor...."[14] Buddhist monks and laity vow to refrain from indulging in alcohol. For example, one version of a vow taken by Buddhist monks and laity reads: "I undertake the rule of training to refrain from distilled and fermented drinks and from drugs that cause carelessness."[15]

> *The **Amish** in this northeast Ohio city have long struggled to curb underage drinking in their community. The problem has been serious enough that despite their tradition of avoiding the outside world, **Amish** leaders reached out to police and judges in recent years for help breaking up drinking parties and doling out tough sentences to offenders. While the number of alcohol-related arrests now appears to be down, authorities say the problem remains.*[20]
>
> --Associated Press
> May 22, 2000

Religious Sanctions Reduce Substance Use

Religious proscriptions provide guidelines for behavior.[16] An individual who violates a religious prohibition against substance use may incur some type of sanction. Sanctions can range from ostracism from the group, physical punishment or threats of incurring the displeasure of God. Research has shown that individual conduct is affected by such sanctions.[17]

The strength of the proscription and its subsequent effect varies by religious affiliation. Fundamental Protestants with more stringent proscriptions against drinking are less likely to use substances or be heavy drinkers than Catholics or other Protestants.[18] In a study of religious proscription in three faith groups--proscriptive, moderation and nonproscriptive*--the proscriptive groups reported lower alcohol use, while the nonproscriptive groups showed higher alcohol use.† Religious proscription did not, however, have a significant impact on binge drinking.[19]

While formal proscriptions affect substance use, religion also may contain broad messages that support antisubstance abuse themes. Individuals who believe they are creatures of God, made in His image and those who believe they are endowed by God with special dignity are likely to consider behavior that undermines or devalues that dignity or health, including substance abuse, as violating the sanctity of divine creation.[21]

The Paradoxical User

Within religious groups that prohibit use is the phenomenon of the paradoxical user--an individual who uses substances despite prohibitions.[22] The paradox is that such users may be prone to heavy or problem use.[23] Within a proscriptive religious culture, substance users may become further isolated, contributing to a downward spiral into substance abuse and

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* For this study, religious proscriptiveness was measured through three types of faith groups--proscriptive group (i.e., Baptist, Pentecostal and Mormon), moderate group (i.e., Methodists and Presbyterian) and nonproscriptive group (i.e., Lutheran, Episcopal, Jewish, Eastern Orthodox and Roman Catholic).

† The researchers used a scale of 0 to 3 representing no use up to use on 20 occasions or more in the past year. The mean alcohol use of the proscriptive group was 1.27 and the mean alcohol use of the nonproscriptive groups was 1.62. A similar scale was used for binge drinking; using a scale of 0 to 5, representing no occasions of binge drinking up to binge drinking 10 or more times over the past two weeks.

addiction.[24] The paradoxical user illustrates that substance abuse does not spare any group from its devastating impact.

The Supportive Role of the Religious/Spiritual Community

Participation in a social network that shares common religious and spiritual beliefs also affects substance use and abuse. Messages from parents, adolescent peers and fellow adults affect individuals' spirituality and religiousness and their behavior related to substance use. These social networks offer support, models and informal positive and negative reinforcement.

Family

Parents and family are the first link children have to learning the rules of society and of the religion[25] and family religious values have a protective effect for youth. The father's belief in God in particular has a significant effect on the substance use behavior of adolescent girls.[26] Like all adults, parents' church attendance is linked to less frequent use of alcohol, marijuana and other drugs, as well as more negative attitudes towards use of these substances.[27] Parental substance use, including smoking, drinking and illicit drug use, are associated with children's substance use.[28] Teens who do not drink are less likely to report frequent parental drinking.[29]

Healthy psychological attachments and bonding to parents also are factors contributing to lowered substance use. Parents who are religious are more likely to monitor their children's behavior and to bond (particularly the mother) with their children.[30] CASA's Teen Surveys reveal that teens are more likely to be religious if their parents are religious and are more likely to attend religious services if their parents do so.[31] Likewise, teens whose parents consider religion to be important are less likely to use drugs.[32]

Peers

Peer may influence each other toward conformity in behavior (peer pressure) or peers may seek out others who share similar behavior (peer selection). Teens use substances in ways similar to their peers and teens may seek out peers who share substance use patterns.[33] Religiousness also follows these paths. Peers may adopt religious beliefs and practices similar to those around them; and peers may seek out others who already share these beliefs. CASA's teen survey has shown that teens who say none of their friends regularly attend religious service have four times the risk of substance use than teens who say most or all of their friends regularly attend religious services.[34] Other research shows that students who are religious tend not to use drugs and not to have close friends who use drugs (alcohol, marijuana, amphetamines and depressants).[35]

Many other factors are at work in the relationship between youth, religiousness and spirituality and substance use. For example, adolescent substance users have a greater likelihood of involvement in delinquent activities, tend to have lower self-esteem and be less religious.[36] Also, adolescent girls (compared to boys) and older youth (17-year olds compared to 12-year olds) are more likely to be aware of a contradiction between drug use and religion.[37] Consequently, if they decide to use drugs they are more likely to step away from religion.[38]

Adult Social Networks

While research often focuses on peer groups of youth, social networks also play a role in the life of adults. Adults who are connected to some type of community or social network have lower rates of substance abuse.[39] Religious and spiritual groups provide an identifiable social network for adults[40] which can serve as a protective factor in both prevention and recovery. These networks can provide a sense of belonging and purpose.

How Has Recovery Impacted Your Spirituality?

It's gone from not believing to saying prayers, to talking to God not just about problems I am having. The only time when I was drinking when I would talk to God was "Please don't let me die because I drank so much. ... And now that is not the case. Things always come up and I ask for help but at the same time I can also thank God for making a good day happen too. So it's working both ways.[41]

--Ed
44-year old Caucasian Male

Ethnicity also may be associated with protective or risk-enhancing effects on substance use and abuse. Studies in the 1970s have shown that among regular drinkers in America, Irish Catholics, white Anglo-Saxon Protestants, Slavs and Native Americans tend to drink more heavily than the rest of American society. This research also found that Irish Catholics are far less likely to abstain from alcohol than many other ethnic groups and are therefore more likely to have alcohol-related problems.[42]

Alcoholics Anonymous with its 12-Step program (see Chapter V), is the largest and most extensive spiritually-based recovery program. But it also serves to provide thousands of social networks. Individuals who participate in a 12-Step program provide critical social support to each other. In this sense, the effects of 12-Step programs may go beyond the spirituality component as participants may be influenced by the process and dynamics of the group itself.[43] For example, in a study at a treatment facility, the majority of residents (53 percent) attending weekly Alcoholics Anonymous (AA) meetings claimed that a sense of fellowship with other recovering participants was their primary reason for program involvement. Among men living in a communal setting with other recovering addicts, the need for social support for continuing sobriety was important beyond the confines of their residence.[44] Social support was a significant factor in a study of 125 sober female alcoholics and was directly related to their sense of power to change their lives.[45]

Twelve-Step programs vary in quality and culture, making it difficult to generalize about the programs overall. Although these groups function under the same tenets, group dynamics create unique environments in each setting and some leave these groups finding them too authoritarian.[46]

Other social networks result as a product of physical location[47] such as prisons. Eighty percent of those within the prison system are there because of offenses related to substance abuse (e.g., violated drug or alcohol laws, convicted of a DUI, under the influence of drugs and/or alcohol during the crime that led to incarceration, stole money for drugs or had a history of substance abuse).[48] Participation in a spiritual or religious program can provide inmates struggling with addiction with formal and informal social support.

Direct Connection to a Power Greater Than Self

Individuals frequently report that a connection to God and religion is part of their recovery from substance abuse.[49] They also report that a lack of such a relationship contributed to the escalation of their problem.[50] Two hundred males admitted into residential treatment programs were surveyed to establish the extent of their spiritual needs while in treatment: 63 percent wanted to feel close to God, 30 percent missed the comfort they once enjoyed from religion and 39 percent reported that their addiction keeps them from God.[51] Interviews with recovering individuals reflect a positive correlation between their relationship with God, spirituality and their recovery.[52] For example, in a study of 62 addicts and a control group, recovering individuals scored higher on measures of spirituality.[53]

A relationship with God or a higher power can provide a person with a sense of security and stability. A spiritual experience may produce a psychological and/or physical reaction that

satisfies particular spiritual, physical and mental needs.

Chapter IV
The Role of the Clergy

CASA's unprecedented survey reveals that 94 percent of clergy members recognize substance abuse as an important issue among family members in their congregations. Almost 38 percent believe that alcohol abuse is involved in half or more of the family problems they confront; yet only 12.5 percent of clergy completed coursework related to substance abuse while studying to be a member of the clergy and only 25.8 percent of presidents of schools of theology, including seminaries, report that persons preparing for the ministry are required to take courses dedicated to this problem. Only 36.5 percent of clergy preach a sermon on substance abuse more than once a year.

Many Substance Abusers Turn to Clergy for Help

During the past eight years, Georgetown University's Woodstock Theological Center has administered questionnaires to Catholic clergy participating in its retreats focused on improving preaching. The responses show near unanimity in identifying addiction as one of the three most problematic social issues they are called upon to deal with in their parishes.[1] The substance most commonly identified was alcohol. Reasons people give for turning to the clergy for help with substance abuse problems include: greater access to the clergy than health care professionals, less or no expense for help and preexisting relationship with members of the clergy.[2]

To better understand the current state of preparation and training of the clergy and their perception of the relative importance of substance abuse as an issue in the lives of their congregations, CASA developed two brief surveys. (Appendix B) One was distributed to a sample of 1,200 current clergy asking their perception of the extent of the problem, the

nature and extent of their training related to substance abuse and the frequency of formal public dialogue about substance abuse issues.* A second survey was distributed to presidents of schools of theology (including seminaries) seeking their perception of the extent of problems related to substance abuse among the congregations and communities their students would eventually serve and of formal training and coursework related to the problem.† The surveys were sent by CASA so those receiving it were aware of the interest of this organization.

Clergy: Substance Abuse an Important Problem

Almost all clergy responding to the survey indicated that substance abuse was an important issue. Ninety-four percent (94.4) of those surveyed consider substance abuse to be an important issue that they face; 51.9 percent consider it to be very important; 42.5 percent, somewhat important. Less than five percent (4.4) responded that substance abuse is not an important problem and 1.3 percent did not know. Approximately 70 percent (69.2) of the Catholic clergy consider substance abuse a very important issue among their congregations, compared to 54 percent of Protestant clergy, 47.4 percent of Orthodox Christian clergy, 35 percent of Jewish clergy and 43.8 percent of other clergy.

Almost 38 percent (37.9) find alcohol abuse involved in half or more of the family problems they confront. Thirty percent (29.5) find alcohol abuse implicated in up to three-quarters of the family problems they face; 8.4 percent find alcohol abuse involved in 75 percent or more of such problems. Another 27.3 percent indicated 25 percent to 49 percent of family problems relate to alcohol abuse. Thirty-five percent (34.7) indicated that less than 25 percent of the family problems they face involved alcohol abuse.

Virtually all (97.6 percent) of the presidents of schools of theology and seminaries rated substance abuse as very important (59.2 percent) or somewhat important (38.4 percent). Only one respondent replied that the issue was not important and two do not know. Among the presidents of the Catholic schools, 73.9 percent saw the problem as very important and 26.1 percent as somewhat important. For Protestant presidents the responses were 58.2 percent and 40.5 percent respectively; Jewish 50 percent for each, and among other religious groups 56.3 percent and 43.7 percent respectively. (Figure 4.A)

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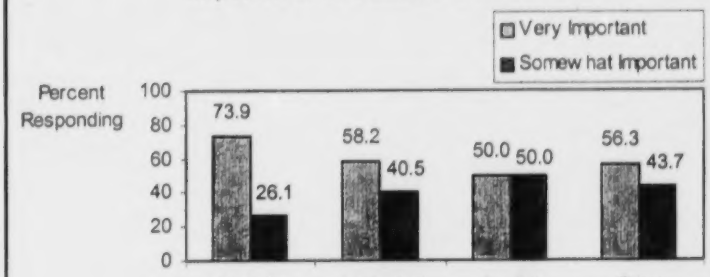
* A sample of 1,200 active parish clergy was selected from four geographically representative areas of the nation: New York, Florida, Iowa and Washington. The choice of these states provided a blend of urban, suburban and rural communities. For purposes of analysis, denominations were grouped as follows: Catholic, Protestant, Jewish, Christian Orthodox (e.g., Greek Orthodox) and Other (Independent and Nondenominational Churches). Given the wide variation in both print and online denominational directories, the survey sample was drawn from among parishes, congregations and synagogues with current websites, with special attention paid to less populated and underserved areas. These surveys were mailed November 1999, and respondents were given the option to return the questionnaire either by mail or fax. We received 320 responses (26.6 percent).

† The questionnaire was mailed November 1999 to the presidents of the 230 multidenominational Christian seminaries in the United States, Puerto Rico and Canada that are accredited members of the Association of Theological Schools (ATS), and six Rabbinical Schools representing the major streams of American Judaism (Orthodox, Conservative, Reform and Reconstructionist). ATS is the accrediting body for seminaries, with standard criteria governing degree programs and pastoral training. Its membership is nationally and denominationally representative. Similar organizations and institutions for Muslim clerics were not found. As a result, this study lacks their perspective and experience. For purposes of analysis, denominations were grouped as follows: Catholic, Protestant, Jewish, Christian Orthodox (e.g., Greek Orthodox) and Other (Independent and Nondenominational Churches). Among the schools responding to the survey 23 were Catholic, 81 Protestant, 4 Jewish, one Christian Orthodox and 16 Other. Respondents were given the choice to reply either by fax or by mail. 125 surveys were returned (54.3 percent).

Figure 4.A

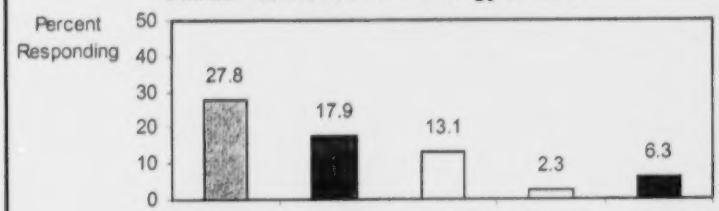
Presidents of Schools of Theology Rate Importance of Substance Abuse



Source: CASA Presidents' Survey.

Figure 4.B

Clergy Members Who Completed Coursework on Substance Abuse in Theology School



Source: CASA Clergy Survey.

Few Clergy Members Trained to Address Substance Abuse

Overall, only 12.5 percent of clergy members completed any coursework related to substance abuse while studying to be a member of the clergy. Orthodox Christians (27.8 percent) were slightly more likely to have completed substance abuse-related coursework, followed by Catholics (17.9 percent), Protestants (13.1 percent), Jewish (2.3 percent) and other (6.3 percent). (Figure 4.B)

Just over a quarter (28.8 percent) of schools of theology and seminaries require individuals preparing for ordained ministry to take any courses dedicated to providing information or pastoral counseling training about the nature and consequences of alcohol and drug abuse and addiction. Over 70 percent (71.2) admitted that individuals preparing for the ministry were not required to take any course dedicated to substance abuse. The required number of credits for the one-quarter of schools with such required courses ranged from one to nine: 8.3 percent require only one credit, 44.4 percent require three credits, 22.2 percent require nine credits.

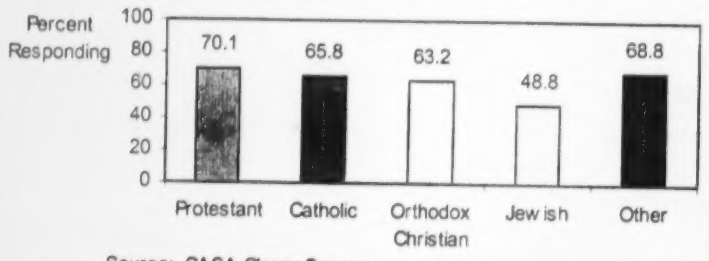
More than a quarter of respondents said that students can elect to take courses in substance abuse or that the issue may arise in their required field work. Students could be exposed to substance abuse issues during field work assignments, but the nature of this exposure and the extent of instruction related to substance abuse through this experience is unclear.

Two-thirds (65.3 percent) of clergy indicated that they had sought training on their own to assist parishioners seeking help with alcohol or drug abuse and addiction since ordination: 70.1 of percent Protestant clergy, 65.8 percent of Catholic clergy, 63.2 percent of Orthodox Christians, 48.8 percent of Rabbis and 68.8 percent of other clergy. (Figure 4.C)

> *As my congregation grew, I set up a professional counseling service within the church. I was shocked when I discovered the extent of the substance abuse problems in my congregation and how closely linked it is to sexual abuse, eating disorders and family violence. I now preach about substance abuse, deal with it in adult Bible study groups and in our youth groups.*
>
> --Protestant Minister
> Arizona

Figure 4.C

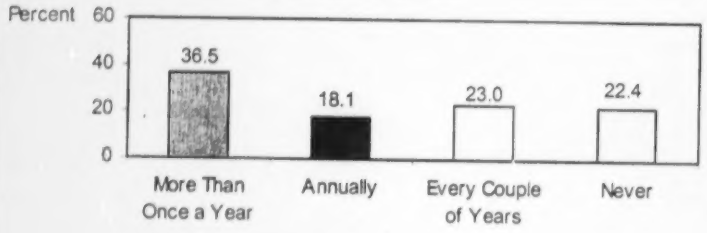
Clergy Who Sought Training on Their Own on Substance Abuse



Source: CASA Clergy Survey.

Figure 4.D

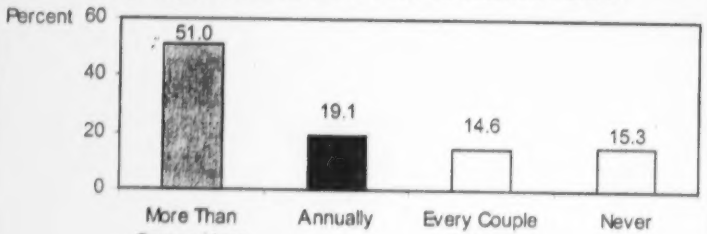
How Often Clergy Preach About Substance Abuse



Source: CASA Clergy Survey.

Figure 4.E

How Often Clergy Who Consider Substance Abuse Very Important Preach About Substance Abuse



Source: CASA Clergy Survey.

The Disconnect Between Preaching and the Problem

Despite recognition by more than nine of 10 clergy of the importance of substance abuse to the families of their congregations, only one in three (36.5 percent) say they preach a sermon on the subject more than once a year. Another 18.1 percent say they preach such a sermon annually; 23 percent say every couple of years. More than 20 percent (22.4) never preach a sermon on the topic. (Figure 4.D)

Among responding clergy who considered substance abuse a very important problem, 51 percent say they preach a sermon about substance abuse more than once a year, but 15.3 percent had never preach such a sermon. Of the remainder, 19.1 percent say they preach annually; 14.6 percent, every couple of years. (Figure 4.E)

CASA believes the estimates of the percent of clergy who actually preach on the subject of substance abuse are likely over estimates. Those responding to the survey were more likely to be those who consider substance abuse to be an important problem.

This disconnect between preaching and the problem--between knowledge of the importance of substance abuse to congregations and the limited extent to which it is addressed from the pulpit--is troubling and may in part be due to the lack of training. While virtually all schools considered substance abuse a problem, three-fourths (74.2) do not require any training in this area.

Chapter V
Prevention, Intervention, Treatment and Recovery

Seventy-nine percent of Americans believe that spiritual faith can help people recover from disease and 63 percent think physicians should talk to patients about spiritual faith.[1] In spite of American's desires and expectations that spirituality and prayer be included in the treatment process, little research exists documenting effective ways that religion and spirituality can be incorporated into substance abuse prevention or intervention, few program models exist and no rigorous evaluations have been conducted. Research has shown, however, that treatment programs that incorporate 12-Step, spiritually-based components can show better treatment outcomes than those devoid of a spiritual base.

Prevention

While belief in the importance of religion, attendance at religious services and participation in spiritual practices are associated with lower rates of substance use, practically no research is available to guide how religion and spirituality may be employed in effective prevention programs. CASA reviewed a wide range of substance abuse prevention programs to identify those that incorporated religious or spiritual components and had been evaluated to determine the impact of those components on prevention. We were disappointed to find no such programs available to highlight.

Many religious-based programs distribute informational brochures and materials or engage teens in discussion about a range of risky teen behaviors including substance abuse, but no research is available on their effectiveness in preventing substance abuse. For example, some Christian organizations such as Teen Challenge and some Catholic dioceses distribute materials addressing youth substance abuse,[2] but these materials are not part of larger prevention programs that have been evaluated.

Community- and school-based prevention programs and the clergy offer opportunities, however, to employ the potential power of spiritual or religious practice in preventing substance abuse and addiction.

CASASTART

One rigorously evaluated prevention initiative that has been associated with better outcomes including lowered substance use, fewer drug related or violent crimes and better school performance is the parent program of *CASASTART* (Striving to Reach a Rewarding Tomorrow).* This substance abuse prevention program targets children in high risk neighborhoods bringing together under one roof various organizations including schools, health and social service agencies and police, and providing participants with mentors and social supports for the common purpose of helping keep at-risk youth drug and violence free. The model encourages youth to participate in positive social activities. The most frequently reported organized social activities were participation in religiously affiliated programs. However, the effects of religion or spiritual practice have not been isolated.[3]

School-Based Prevention Programs

Formal substance abuse prevention programs for youth are usually delivered by schools. These programs may include information about substance use and its deleterious effects, provide resistance skill building and provoke youth to examine their own values.[4] Current public school programs do not include messages about religion because of the constitutional separation of church and state. However, these curricula rarely include any messages about spirituality (as opposed to religion) except in the form of discussing secular ethics and values.

Clergy

Clergy members may help prevent substance abuse by delivering proscriptive messages, by establishing and fostering social networks and support for substance abusers and their families, and by encouraging individuals to develop personal relationships with a higher power that may minimize the need to use these substance and provide help in resisting their use. No evaluations have been done on the efficacy of these methods in preventing substance abuse.

Alcoholics Anonymous and Narcotics Anonymous

Twelve-Step programs such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) rely on spiritual concepts and methods to support individuals seeking to abstain from substance use.[5] Members of AA and NA groups commit to abstain from substance use and to use the methods or particular steps suggested by the program. The spiritual basis of a 12-Step program is apparent in its tenets which begin with an acknowledgement of God or a higher power.

Involvement in one or more AA or NA programs can be a significant part of the process of getting well for many individuals impacted by addiction and research has documented a positive effect of AA or NA program involvement.[6] Some people have used these programs alone to aid their recovery from abuse and addiction problems. Others use the programs in conjunction with treatment or to maintain sobriety after treatment. In a 1998 survey of 6,800 current members of AA (total membership is estimated to be about two million people) 47 percent responded that they had been sober for five years or more.[7]

Research suggests that those who attend AA and NA programs in addition to receiving treatment are more likely to be successful in recovery.[8] One review of 107 studies of AA found that those who attend AA during and after treatment have better outcomes.[9] Other research has shown that positive impact of AA up to eight years later.[10] This study showed that after eight years, of 195 participants who used AA in conjunction with treatment, 49.4 percent were in remission (remission defined as no alcohol

* The parent program of *CASASTART* was called *Children at Risk* (CAR).

consumption, no dependence symptoms and no drinking related problems in the last six months).[11]

The Twelve Steps[12]

1. We admitted we were powerless over alcohol, that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

One study found that those who attended AA or NA meetings on a weekly basis during and after outpatient drug treatment had higher rates of abstinence compared to other patients attending treatment or AA or NA programs alone.[13] In a sample of 2,191 patients who entered outpatient drug-free treatment centers, those endorsing particular religious or spiritual beliefs and those acknowledging problems with substance abuse were more likely to attend AA or NA meetings while in treatment. Those who affiliated with AA or NA groups were more likely to report total abstinence after three months of treatment than those who did not affiliate.[14]

Have You Had Any Spiritual Change Since Entering Recovery?

At this point in my life, the only thing I'm absolutely sure of is that God loves me and he wants me to be happy.

--Fran
Age 78, Caucasian Female

More frequent attendance at AA meetings is related to better outcomes.[15] In a study of 415 outpatient clients in treatment and 621 in aftercare, client ratings of the helpfulness of AA, the importance of encouragement to attend AA, spiritual experiences and consciousness of God were positively related with AA meeting attendance.[16] Consciousness of God was positively related to AA attendance and practice of prescribed AA behaviors.[17] Those with higher AA attendance and compliance with AA practice were more likely to remain abstinent and to drink less when drinking occurred.[18]

Regardless of patients' religious background, individuals who are referred to AA or NA programs are more likely to attend meetings and persons who attend AA or NA meetings have better outcomes.[19] Previous religiousness or spirituality is not a prerequisite to gaining the benefit of spirituality in recovery including a 12-Step process.[20] In one study showing lower drug use for those who attend NA meetings, previous spiritual beliefs were not prerequisites.[21]

AA and NA programs are entirely self-supporting. There are no dues or membership fees. Costs related to rental of meeting space and refreshments are covered by donations made by members at meetings. AA and NA do not accept outside contributions.[22] There are no public costs to providing the program, making it cost beneficial or cost neutral at least.

Intervention

A range of formal and informal religious- or spiritually-based methods are employed to interrupt the development of a substance abuse problem or to assist an individual to get treatment.

Teen Challenge

Based on conservative Christian religious values, Teen Challenge is a substance abuse intervention that engages teens and adults in study, dialogue and reflection on Christian values. Teen Challenge is affiliated with adult residential programs staffed by individuals in recovery.[23] Their curriculum is largely one of Bible study and uses religious conversion rather than medical and behavioral science to combat addiction.[24] "Dependence on commitment to Jesus Christ as the solution to all problems occupies such a central position that relatively little attention is given to medical or psychological problems, and no records are kept concerning these issues."[25]

While Teen Challenge claims a 70 to 86 percent "cure" rate for graduates, they do not take into account the high percentages of dropouts. For example, one study of selected individuals seven years after they entered the program found that 65 percent of those who came to the program dropped out.[26] Another study of the Teen Challenge program's effectiveness in reducing substance abuse found that 67 percent or more of alumni were living a drug-free lifestyle, but the follow-up rate for the study group was only 50 percent.[27] No rigorous independent evaluation has been conducted.

Other Formal Interventions

AA or NA program members sometimes perform formal interventions where they, together with family and friends, confront individuals with substance abuse problems to try and get them into treatment. These formal interventions may contain spiritual components to help the user make the transition to treatment. No evaluations have been conducted of the role of religion or spirituality in these interventions.

Informal Interventions

Less formal interventions such as talking with individuals about their substance abuse problems, encouraging them to get help, referring them to treatment or recovery programs, and employing religious or spiritual components for support may be conducted by clergy, teachers, physicians or other health care providers, but once again no data exist documenting effectiveness. In some cases, referrals to spiritually-based AA or NA programs may be used as interventions. A spiritually-based referral may be a way of engaging individuals who are reluctant to engage in treatment or who may not be receptive to religious messages.

Treatment and Recovery

Seventy-nine percent of Americans believe that spiritual faith can help people recover from disease and 63 percent think that physicians should talk to patients about their spiritual faith.[28] One survey revealed that more than 75 percent of patients believed that their doctors should address spiritual issues as part of their medical care.[29] Nearly 40 percent wanted doctors to discuss their (i.e., the doctor's) religious faith with them and half expressed a desire that their doctors pray with them.[30] In an early 1990s study of unconventional therapies, 25 percent of survey respondents* reported using prayer as a medical remedy.[31] Another study found that 48 percent of hospital inpatients wanted their physician to pray with them. Of physicians surveyed in 1996 at a meeting of the American Academy of Family Physicians, 99 percent were convinced that religious beliefs can heal and 75 percent believed that prayers of others could promote a patient's recovery.[32] A recent study has also shown that prayer by others for a patient has been associated with positive outcomes for medical treatment.[33]

* A national sample of adults age 18 and over.

Substance abuse treatment is designed to help an individual abstain from alcohol or drug use and maintain a substance-free lifestyle and function in the family, at work and in society.[34] Treatment may consist of individual or group therapy and be grounded in different theories of psychological treatment (i.e., behavior modification, psychotherapy, pharmacological interventions and combinations of clinical options).[35] Religiousness and spirituality can be a companion or component of any substance abuse treatment modality.

How Has Your Recovery Impacted Your Belief in God?

Being in recovery has changed the way I see God. I came into recovery with a God, but it was a punishing, vengeful and unforgiving God. I had done so many things ... I knew were ungodly, that I thought for sure I was going to Hell. .... When I came into recovery I found a new God. I found a god that was loving, forgiving understanding and responsive to the need that I have. In retrospect, I can see that God has been with me all the time.[36]

--Craig
Age 44, African American Male

Religion

For many alcoholics, religion is an important part of the recovery process and religious orientation, beliefs and practices can change in sobriety.[37] In one study, AA participants considered themselves more religious and showed significant changes in spiritual and religious practice as their recovery progressed.[38]

While recovery research has focused more on spirituality rather than religiousness, some data show that religiousness may contribute to treatment success. At one year follow-up for 101 patients treated in an inpatient alcohol rehabilitation unit, using a combined AA or NA facilitation/relapse prevention and treatment model, self-reported absence of a mainstream Christian religious preference strongly predicted poor outcome.[39]

Inmates who engage in religious activities appear to have lower rates of recidivism which is frequently linked to substance abuse.[40] Similarly, while many youth in corrective settings are there as a result of substance abuse-related issues, those who attend religious services, participate in religious activities, and believe their religion and religious activities are important seem to have lower rates of delinquency.[41]

Spirituality

Spiritual practice--individual belief in and connection to a power greater than oneself that is not necessarily limited to a particular religion--has been shown to be beneficial in the recovery process.[42] Many recovering individuals acknowledge the role of spirituality in their ability to engage in and maintain recovery.[43] Sober alcoholics have reported that their recovery was directly related to their spiritual beliefs and practices and the social support of a community of believers.[44] While positive past experience with religion is not a prerequisite to benefiting from spiritual components of treatment, it may help. At least one study has shown that, the more affirming and positive one's childhood religion, the stronger one's spirituality in recovery.[45]

Other research has shown increases in spirituality co-occurring with recovery. For example, in a study of 62 addicts and a control group, recovering individuals showed significant increases in elements of spirituality.[46] In a study of recovered (sober more than two years) and relapsing adults, those in recovery for two years had greater levels of faith and spirituality than those continuing to relapse; relapsing individuals showed significantly lower spirituality levels than the general population.[47]

When patients believe that divine intervention will prevail in their choices over the physical realities, that their behavior is predetermined and they have limited control over their destiny, or that God has abandoned them or that they are being punished, they may be more likely to relapse.[48]

Combining Treatment and Spirituality

Several treatment programs actively incorporate spiritual practice into treatment. Examples are:

Therapeutic Communities. Therapeutic communities (TCs) are residential substance abuse treatment programs that rely on mutual self-help to facilitate abstinence and recovery under the guidance of clinical staff. TCs also may offer a range of services including group and individual therapy, social services assistance, employment services and spiritual activities particularly AA or NA programs.[49] In one study of more than 700 participants in treatment, the reduction in heavy alcohol use among TC participants was three times greater than those who participated in other residential treatment and the reduction in marijuana use was twice that of those in other residential treatment.[50]

Prison-Based Programs. An example of utilizing religious faith as a companion to treatment is the role of faith-based instructional and support systems within the prison system. Founded by Chuck Colson more than 25 years ago, the Christian Prison Fellowship Program is a Christian outreach program for prisoners, exprisoners and their families. The Fellowship provides pre-and post-release programs and weekly Bible studies focusing on varying topics including beginning and continuing one's relationship with God, building better families and overcoming obstacles such as substance abuse.[51] An independent evaluation of this program at one-year follow-up showed lower recidivism rates for inmates who attended religious services on a regular basis.[52]

The Florida Department of Corrections is currently piloting faith-based dormitory placement for those seeking substance abuse recovery through an enhanced spiritual life.[53]

Hazelden. Another example of integration of spiritual concepts into treatment is the Hazelden treatment program originally developed in Minnesota. This model offers a continuum of treatment components including group and individual therapy in a residential or outpatient setting. The program extends the concepts of the 12-Step support model into a full treatment regimen. Results from this program model have shown comparable or better outcomes than treatment methods based on behavior modification and cognitive therapy.[55] One study of more than 1,000 people enrolled in the Hazelden program showed that after one year 52.8 percent had not used alcohol or drugs and 34.8 percent had reduced use. There was no control group available for comparison.[56] In a separate federal study comparing different modes of treatment, however, on average 19 percent of clients maintained abstinence and 35 percent avoided heavy use; clients who participated in 12-Step supported programs fared slightly better than the other modes of treatment.[57]

The Betty Ford Center (BFC). Another alcohol and drug dependency treatment center that incorporates spiritual practice into its treatment program is the BFC in California. This Center offers gender specific treatment. An extensive medical and psychosocial assessment by a treatment team including a pastoral counselor informs an individualized treatment plan including lectures on addiction, group therapy and individual sessions with counselors. Patients also attend AA and NA meetings. A key aspect of the treatment program is spiritual care--connecting patients with themselves, other individuals and a higher power. Special weekly groups and individual sessions address Steps 2 and 3 and include Step 11 of the AA/NA

Religion in Alternative Court Programs

It has been our experience in the Family Drug Court that a large percentage of clients have a strong spiritual component to their recovery. In view of the typical profile of our clients, which include long histories of substance addition, sexual victimization, physical abuse, and a lack of support resources, it is important that the Drug Court support their recovery in an appropriate manner.[54]

--Circuit Judge John Parnham
Family-Focused Parent Drug Court
Pensacola, FL

programs as vital aspects of ongoing recovery. The Center reports that more than two-thirds of patients who have completed inpatient care at the BFC have not used alcohol or other drugs during the year following completion of treatment.[58] No independent outcome studies have been conducted and no data are available on program dropout rates.

> *The Betty Ford Center accepted our first patients on October 4, 1982. Part of the initial staff greeting them was a Pastoral Care Counselor. Today, this department is called Spiritual Care.*[63]
>
> --John T. Schwarzlose
> President, The Betty Ford Center

Barriers to Linking Treatment and Spirituality

Incorporating spirituality or religiousness as components of substance abuse treatment may be difficult because of the combination of lower religiousness among mental health professionals, personal beliefs about religion and spirituality, and the lack of training they receive regarding these issues. Most psychiatrists rate the training they received on religion and spirituality as inadequate.[59]

The general population and family physicians believe that spirituality or religiousness is important to health and recovery, but mental health professionals diverge dramatically from these beliefs.[60] Psychiatrists and psychologists have dramatically lower rates of belief in God in contrast to the general population: 73 percent of psychiatrists and 72 percent of psychologists believe in God in contrast to 96 percent of the general public.[61] Psychiatrists and psychologists consistently report lower levels of importance of religion than the general public: nine out of 10 Americans consider religion to be very important or fairly important compared to 56.7 percent of psychiatrists and 48 percent of psychologists.[62]

A survey conducted by Gallup found that only 40 to 45 percent of mental health practitioners report a belief in God. Another study found that when mental health specializations are taken into consideration, 25 to 40 percent of each group report having abandoned the faith of their youth, opting for atheism or agnosticism.[64] In another study of mental health nurses, while both nurse and patients had similar levels of reported spirituality, nurses underestimated the importance of spirituality to mental health patients.[65] Medical students also report that they are less religious and spiritual than their patients and less inclined to consider that spirituality an important aspect of patient care.[66]

> **What Connections Do You See Between Your Life, Your Recovery and Your Spirituality?**
>
> *Recovery is very important to me. My spirituality and God are important to me.... I'm dealing better.*
>
> --Anonymous

In a random sample of 355 members of the American Psychiatric Association in 1997 to 1998, 74 percent of psychiatrists disapproved of praying with a patient. In this same study, physicians were asked "If it were scientifically demonstrated that the use of a spiritual intervention (e.g., prayer) improved patient progress, would you perform that intervention?" Only 37 percent of psychiatrists responded affirmatively.[67] Just over half (57 percent) of psychiatrists would recommend that the patient consult with a member of the clergy; six percent would do neither.

Chapter VI
Making the Spiritual Connection

Each religious and spiritual tradition has it own unique resources to bring to bear to minimize substance abuse and to aid recovery. To take advantage of the potentially positive benefits of religion and spirituality to prevent substance abuse, intervene in its progress and help individuals recover from its effects, CASA recommends:

For the Clergy

- Protestant, Catholic, Rabbinical and other schools of theology and seminaries should train clergy to recognize the signs and symptoms of substance abuse and know how to respond, including referral to treatment and strategies for relapse prevention. These schools should provide basic educational and clinical knowledge of the short and long term effects of tobacco, alcohol and other drugs and educate their students about ways to incorporate prevention messages both formally and informally into their work. They should educate their students about the co-occurrence of mental health and other problems (such as domestic violence and child abuse) and substance abuse. These schools should include courses related to substance abuse in degree requirements and provide in-service training for current clergy.

- Clergy members who have completed their formal training should take advantage of additional substance abuse training in order to be knowledgeable about the topic. Resources include: local public substance abuse treatment agencies, private licensed substance abuse professionals, substance abuse professional organizations such as the National Association of State Alcohol and Drug Agency Directors (NASADAD), federal resources such as the National Institute on Drug Abuse and the National

Institute on Alcohol Abuse and Alcoholism, the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration and its Centers for Substance Abuse Prevention and Substance Abuse Treatment.

- Members of the clergy should preach about substance abuse issues and informally include messages about the problem throughout their organization's programs, services and counseling. Even religions with assigned readings and themes for sermons can incorporate messages about substance abuse as examples and prayers for those addicted in their services. Recognizing that substance abuse affects individuals and families in all congregations, clergy can inform their members with prevention messages, and help connect members of their community to needed intervention and treatment resources and, as many presently do, open their facilities to AA and NA meetings.

- Members of the clergy should reach out to treatment programs to offer spiritual support to individuals who desire such assistance. Clergy can help educate treatment providers of the promising effects of spirituality and religion in recovery. Clergy should learn about treatment programs in their communities. By building this relationship, clergy will know who to refer members to for treatment and know how to support referrals from treatment providers of clients seeking to deepen their spiritual life.

  Participants in recovery may have great needs for spiritual guidance. Individuals struggling to recover may feel abandoned by God or alienated from God or the religious community. Clergy can help recovering individuals navigate these issues and benefit from a connection to a loving God and religious community.

For Physicians and Treatment Providers

For many individuals, spirituality and religiousness can be important companions to recovery and maintaining sobriety.

- Physician and other health professions training programs should educate physicians and treatment specialists to understand that many patients desire spiritual help as complements to medical treatment, and the research documenting the benefits of spirituality and religiousness to physical and mental health.

- Physicians and substance abuse treatment specialists should discuss patients' spiritual needs and desires and, where appropriate, refer clients to clergy or spiritually-based programs to support their recovery.

- Substance abuse treatment providers (physicians and other health clinicians) should establish working relationships with local clergy members not only to educate clergy members about substance abuse but also to better respond to patients needs and desires for a spiritual complement to their recovery regimen.

Expand Our Current Knowledge Base

- More research is needed to evaluate the efficacy and increase the effectiveness of faith-based prevention initiatives and treatment programs, develop better ways of measuring adolescent spirituality and religiousness and document pathways through which religion and spirituality work to prevent substance abuse and aid in recovery.

Chapter I
Notes

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Appendix A
National Data Sets

CASA used the following national data sets in this analysis:

National Household Survey on Drug Abuse

The National Household Survey on Drug Abuse (NHSDA) is designed to produce drug and alcohol use incidence and prevalence estimates and report the consequences and patterns of use and abuse in the general U.S. civilian population aged 12 and older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and data collection is carried out by Research Triangle Institute. CASA utilized the 1998 NHSDA database for these analyses.

CASA's Annual National Survey of American Attitudes on Substance Abuse

Since 1995, CASA has conducted national surveys of teens' attitudes toward substance abuse as well as the attitudes of those who most influence them--parents, teachers and school principals. Other surveys seek to measure the extent of substance use in the population; CASA's survey probes substance abuse risk. The purpose of the survey is to identify factors that increase or diminish the likelihood that teens will use cigarettes, alcohol or illegal drugs in an effort to develop the most effective means of helping teens avoid substance abuse. CASA used the 1999 and 2001 surveys for this report.

General Social Survey

Few national data sets collect data regarding religious affiliation. The GSS (General Social Survey) is an annual "omnibus," personal interview survey of U.S. households conducted by the National Opinion Research Center (NORC) since 1972. The database consists of over 38,000 respondents. For the purposes of this research, this data reflect the average percentage of respondents from 1990-2000. CASA chose respondents from this time frame to most closely mirror the sources used by the latest U.S. Census Bureau estimates cited earlier in Chapter II.

Appendix B
CASA's Surveys of Clergy and Schools of Theology

CLERGY PREPARATION SURVEY

Please enter requested information in the blank or ***check off*** your answers to the following questions. Your participation is greatly appreciated.

1 Denomination: _____

2. When you were preparing for ordained ministry were you required to take a course(s) dedicated specifically to providing information about the nature and consequences of alcohol or drug abuse and addiction?

   Yes ____ Number of credits are required _____ No ____

3. Since ordination, have you sought training on your own to assist parishioners seeking help with alcohol or drug abuse and addiction?

   Yes ____ No ____

4. Among the problems clergy confront in their congregations, how important do you consider alcohol and other drug use/abuse? Please check only one.

   Very Important ____
   Somewhat Important ____
   Not Important ____
   Don't Know ____

5. What proportion of family problems you confront (divorce, separation, spouse abuse, child neglect or abuse) involves alcohol abuse?

   75% or more ____
   50% or more ____
   Less than 50% ____
   Less than 25% ____

6. How often do you preach a sermon addressing substance abuse at your principal weekly worship service?

   Never ____
   More Than Once a Year ____
   Annually ____
   Every Couple of Years ____

Please ***fax*** your completed survey to **Dr. John Muffler** at **(212) 956-8020**.
If you prefer, please feel free to use the enclosed, self-addressed envelope.

SCHOOLS OF THEOLOGY SURVEY

Name of Institution: _____

(*For tracking purposes only*)

Please enter requested information in the blank or ***check off*** your answers to the following questions. Your participation is greatly appreciated.

1. Denomination: _____

2. For persons preparing for ordained ministry, how many credits are required for graduation?

   _____

3. Are persons preparing for ordained ministry required to take a course(s) dedicated specifically to providing information or pastoral counseling training about the nature and consequences of alcohol and drug abuse and addiction?

   Yes____ Number of credits are required _____ No____

4. Among the family problems clergy confront in their congregations, how important do you consider alcohol and other drug use/abuse? Please check only one.

   Very Important ____

   Somewhat Important ____

   Not Important ____

   Don't Know ____

Please ***fax*** your completed survey to **Dr. John Muffler** at **(212) 956-8020**.
If you prefer, please feel free to use the enclosed, self-addressed envelope.

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